

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006666

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

149
FILED MAR 7 1962

Primary Registration District No. 1002

Registrar's No.

1049

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Independence KANSAS CITYLength of stay
1 day
45 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jackson County HospitalInside Limits
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
1001 South Leroy StReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Abijah

Middle Edgar

Last Preator

4. DATE OF DEATH

Month Feb.

Day 17.

Year 1962

5. SEX

Male

6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-9-19139. AGE (last birthday)
74 78IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Print Shop Mechanic10b. KIND OF BUSINESS OR INDUSTRY
Print Shop11. BIRTHPLACE (City and state or country)
Chippway Falls, Wis.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Richard Preator

13b. MOTHER'S MAIDEN NAME

Louisa Douglass

14. NAME OF HUSBAND OR WIFE

Leola Preator

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Mrs. Leola Preator

Address

1001 South Leroy

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Diabetes Mellitus, coma

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-16-62 to 2-17-62 and last saw her alive on 2-17-62

Death occurred at 2-17-62 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles A. Kendall MD

22b. ADDRESS

10901 Winner Rd Independence

22c. DATE SIGNED

2-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

23d. LOCATION (City, town, or county)

Independence

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Roland R. Speaks Funeral Home Independence Missouri

25. DATE REC'D. BY LOCAL REG.

2-21-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roland P. Spinks

Licensed Embalmer No.

3604

P. O. Address

Indy, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.